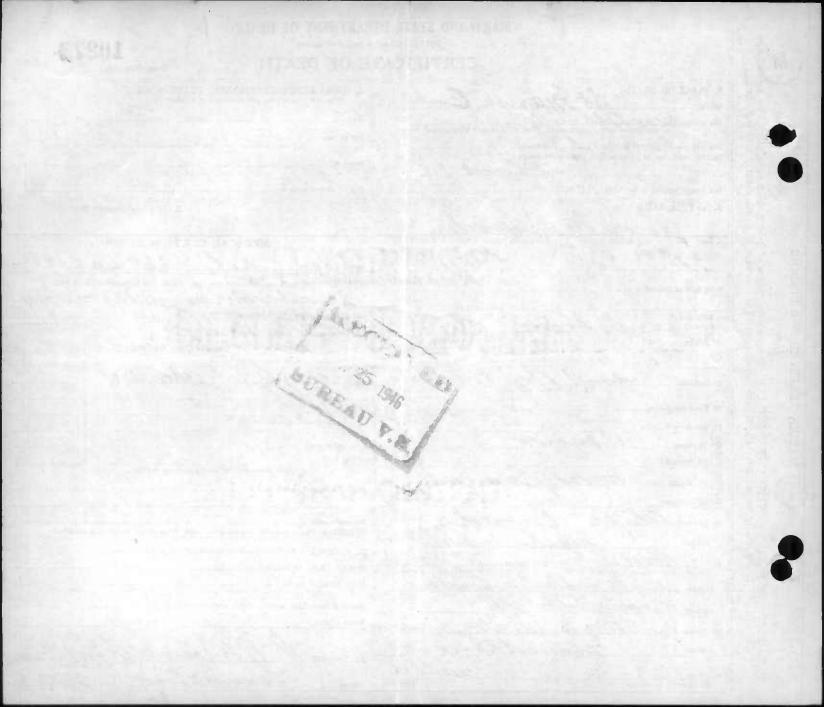
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10278 2 Reg. Dist. No.

1. PLACE OF DEATH: St Marys Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or tewn	Slate County
How long in above place of death?	Cily or town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No.
at fame	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
19 Cof d	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Saw deceased some set 23 - 1046:
7. 9irth date of	and that I last saw b all to op
deceased (mo., day, yr.)	Carl cal
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
/ 6hrsmin.	
9. Birthplace	Due to Presticled afters of
10. Usual occupation	Due to
11. Industry or business	
12. Name	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Alland Sandles Carolina 15. Birthplace South Carolina	
Swall Charling	Major findings of operations.
2 13. Birmpiace	Bate of op.
16. Informant Allow Burnelly Co.	Autopsy results
Address heacher graville by	PHYSICIAN: Please underline the cause to which death should be charged statistically.
NUMESS PARTICIONAL POLICE POR	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Lea Mila Caralana	
Cemetery or crematory	Where did injury occur?
Location 24/22 Calkertall	Injured at home, tarm, industry, public place (where?)
21/en la mallingha Soms	Means of Injury Injured at work?
19. Funeral director	hole me
Address Leonalloyth Mel	- warrens 4 t Brancell Ind Comme
10173 46 Generalist	23. SIGNATURE M. D. or other
19. (Date/rec'd by registrar) Registrar	Address Remark almost Date signed Q. (1-3-K)
	that the



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1
Wind
70781

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	22
City or town. (If outside city or town limits, write RURAL and give nearest town)	State M GALLIMAN County At My CAN THE
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
at March pto place	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Daniel Welster Bowler	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White During	20. DATE OF DEATH. 0 4 3 19. 76 at 9.05 A. M
a distribution with	22 CERTIFY that death occurred on the date above stated: that lattended deceased from
6.(b) Name of husband or wife	Sex 1/6 1946 10 Och 3 1966
7. Birth date of	and that I last saw h.3. 2m. alive on 2003
deceased (mo., day, yr.) (116-10-1889	Immedia: cause of death
8. AGE: Years Months Days it less than one day	Intestinal Obstruction much
57 1 23hrsmin.	
9. Birthplace Chapter of Mary Mary Mary Mary Many Many Many Mary	Due to Hernia & years.
10. Usual occupation # aumition	Due 10
11. Industry or business Aamme	
= 12. Name / 1 Bowles	Other conditions Carrier of boul 2 years.
13. Birtholace & mary Co	
× 200 11.80	(Include pregnancy within 3 months of death)
E 14. Maiden name	Major findings of operations Sliding Hernia left
2 15. Birthplace St Marys Co	inquincl. Dale of on Left. 18,1716
18. Informant Essect Btweek	Autopsy results.
anne mod	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address fat Truck 1919	22. VIOLENCE: If death was due to external causes, fill in the following;
17(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory Salard Gent Currelling	Where did injury occur?
Location Bush wood ma	Injured at home, farm, industry, public place (where?)
les a mattallage land	Means of Injury Injured at work?
18. Funeral director	1. C X 00
Address Leonardsown Mu.	23. SIGNATURE Lula
10/4 10/4 Carea Pers	M. D. or other
(Date rec'd by registrar) Registrar	Address Land u . Oate signed 10 / 6/1/16

OCT 7 1946
BUREAU V t

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

44			
	7	E 1	

10280

CERTIFICAT	Reg. Diat. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stats
How long in hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME Charles allew /5	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 28 1946 at 34.
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the dale above stated; that lattended deceased from 15 15 15 15 15 15 15 15 15 15 15 15 15
8. AGE: Years Months Days If less than one day 2 // hrs. min. 9. Birthplace (Town, county, and state)	Immediai, cause of death DURATION Dalla And Anderson Duration Due to.
10. Usual occupation 11. Industry or business 12. Name Levis Panocal 13. Birthplace	Ous to
13. Birthplace 14. Maiden name Suggeling Dealers 15. Birthplace	(Include pregnancy within 3 months of death) Major fiedings of operatioes
16. Informant Breezi L. Priscal Mas	Actopsy results
17. Date Ihereo (month) (day) (yesr) Cemetery or crematory	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Location Alleger El And 18. Funeral directed Delegating force	Injured at home, tarm, industry, public place (where?) Means of Injury Injured at work?
Address Sonac Aforens soid	23. SIGNATURE PACIFIC A. Caurales M. D. or other
(Date rec'd by registrar) Registrar	Address Oate signed Oate signed

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

115 9.45-15

PLEASE WRITE

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10281 Reg. Dist. No. 262

CERTIFICATE OF DEATH

. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
ounty St May	(For newborn infants give residence of mother)
lty or town	State County County
ow long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
ospital, institution, or street address where death accurred:	
St many Hospital	Street No
ow long In hospital or Institution?	2.(a) It veteran, name war
. (a) FULL NAME	3. (b) Social Security Number
Cleared Vincent Brown	
. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. W. married	20. DATE OF DEATH OC) - 26 th 1946 19 21 6 A M
Applinie Bictoria Chesser	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
,(b) Name of husband or wife	184 1 184 1 10 J T 26 1846
. Birth date of	and that I last saw has alive on
deceased (mo., day, yr.) Nov-4- 1870	Immediate cause of death
B. AGE: Years Months Days If less than one day	Internate close of dearp
75 11 21hrsmln.	Characited alla leastly & year
Birthoise St. Many a. mg	Bue 10.
(Town, county, and state)	900 10
B. Usual occupation. Carpenter	On to
1, Industry or business	008 10
12. Hame William Brown	Other conditions in weigh a tenanticle and fly
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Ellen Bussangho	Major findings of operations
15. Birthplace	
mas. Helen Ches son	Autonsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 4641 astington va	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Burial, cremation, or removal, which is	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location St. Mennes Doland, The	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Th. C. Mottlingley Sons	Means of injury Injured at work?
Address Lionardtalish mg	121 25)
AUDIESS WELL AND AUDIESS	23. SIGNATURE M. D. or other
19. 10/26 197 Q Mulally	(1) 4-12 11 het istratul
(Date rec'd by registrar) Registrar	Address Date signed in find for the first for the signed in find for

MARGIN RESERVED FOR BINDING

The correct

UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly.

VS A15

PLEASE WRITE PLAINLY, WITH UNF is especially important.

(Date rec'd by registrar)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9

10282 Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Carel Com Romanis-	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divoced	MEDICAL CERTIFICATION
7 W sincle	10. 8 11 11 11 1220
- / t	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	n
7. Birth date of deceased (mo., day, yr.) San 31-1946	and that I last saw harmalive on 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Years Months Days If less than one day	Table of deliant
(/6min.	Loh menning 280
9. Birthplace Maria Cain Mation Catalant Awill (Town, county, and state)	Due to Jose - Court voice
1D. Usual occupation	Due to.
11. Industry or business	,
= 12. Name of pulle Browning	Diher conditions
13. Birthplace West Va	(Include pregnancy within 8 months of death)
14. Maiden name agses & Dasthing	
15. Birthplace St mary Cre	Major findings of operations
16. Informant Doubles Butwing	Antonsy results.
and the said	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Ornfallen MA	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremstion, or removal. Which?) Date thereot. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory of Trancis X avier Connectory	Where did injury occur?
Location Compton mal	tnjured at home, tarm, Industry, public place (where?)
Ma Comette The love love	Means of Injury Injured at work?
Address X Constitution Miles	Bank a. Camalean
AUDICOS CALLACTOR CONTRACTOR AND	23. SIGNATURE M. D. or other
19. (Date reoft by redistrar) (Date reoft by redistrar)	Address Konaidher Date signed 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

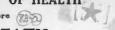
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or towa (If outside city or town limits, write RURAL and give nearest town)	State Manyland County I - Mary's
How long in above place of death?	City or town
How long to hospital or institution?	(If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Golor or race 6.(a) Single, married, widowed, or disproced	MEDICAL CERTIFICATION
male Black single.	20. DATE DF DEATH Oct. 28 1946 at 2 P
5.(ò) Name of hueband or wite	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (ma., 427, yr.) Oct. 2822 1946	and that I last eaw h
8. AGE: Yeare Months Days It less than one day C	Immediair cause of death DURATION 27.000 - february Translation 4 days
9. Birthplace Scotland Md (Town, county, and atate)	Due to.
10. Usual occupation	Due to
11. toduetry or bueinses	Other conditions.
13. Birtholate Scotland, Ind.	(include pregnancy within 3 months of death)
14. Malden name Man Holly 15. Birthplace Scotland md.	Major findings of operations.
16. Interment Assignment	Autopsy resalts
Address Scotland Tud	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following:
17 (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory St. Jukes Country	Where did Injury occur?
18. Funeral director. Laufh Bryon	Means of Injury Injured 21 work?
Address Statland, Find.	23. SIGNATURE PATRICAL MO.
19. Date red by registrar) (Date red by registrar)	Address Great mills mol. Date signed 0/27/46.



The correct age legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

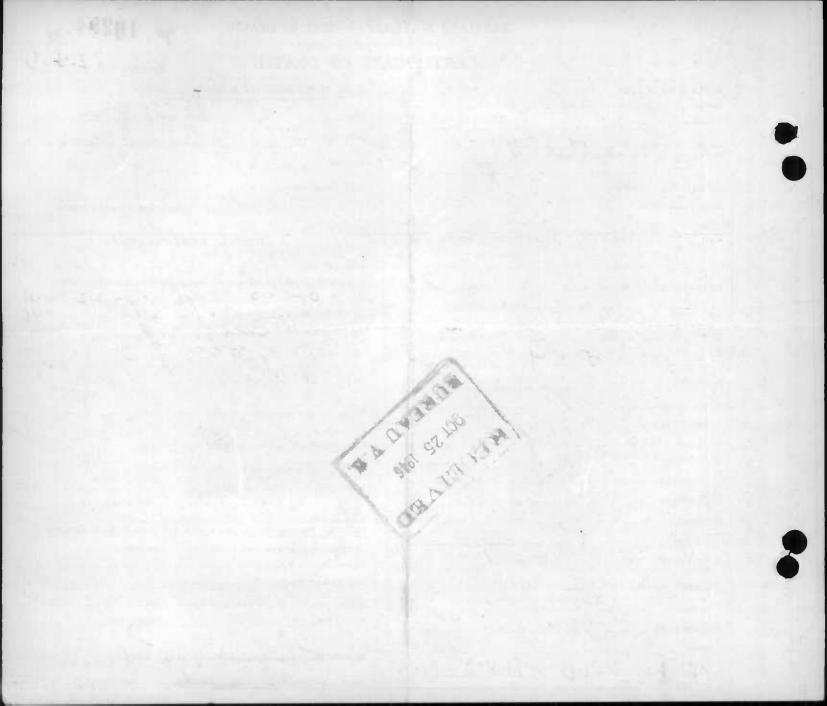
2411 N. Charles St., Baltimore (350)



CERTIFICATE OF DEATH

10284 Reg. Dist. No. 2-5-6

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give sesidence of mother)
County	Don
City or town (IF outside city or town limits, write RURAL and give nearest town)	The the said
How long in above place of death?	(If outside city or town limits, write RURAL sud give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3.(a) FULL NAME Sound Bennand	Healent 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male colored midound	20. DATE OF DEATH October 22 19 46 21/2:10 AM
6.(b) Name of husband or wife. Lane Same ille	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	10-17 184/4,10/11-22 19.5/6
7. Birth date of	and that I last saw halive on
decrased (mo., day, yr.) March 16, 1836	Immediate cause uf death Colonia DURATION
8. AGE: Years Months Days If less than one day	and the second second
90 - j yhrsmin.	0,00,0049
9. Birthpiace maryland.	Due to Devis 1
(Town county, and state)	
10. Usual occupation fellill	Due to
11. Industry or business of annual	
12. Name Sem Strange 13. Birthplace Manystand	Dither conditions Sur List
Z 13. Birthplace Manskound	
E 01 11 11 2/2 1	(Include pregnancy within/3 months of death)
14. Malden name 14. Malden name 1	Major findings of uperations.
15. Birthplace Maryland.	Date of op
16. Informant Land Sealow Healest	Autopsy results.
Address Clements md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Date thereof 10-25-46 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St. Joseph	Where did injury occur?
Location Morganiza	Injured at home, farm, Industry, public place (where?)
18. Funeral director P. B. Olabinson	Means of Injury Injured at work?
Address Georard town Fred.	23. SIGNATURE 1 STATE WALLEN
(Date rec'd by registrar) (Date rec'd by registrar)	Andrese and the Bate stoned () - 2 4 6



2411 N. Charles St., Baltimore

10285

CERTIFICATE OF DEATH

Reg. Dist. No. 282

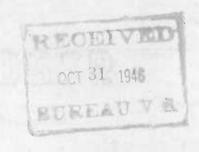
1. PLACE OF DEATH: // W	2. USUAL RESIDENCE (HOME) OF DECEASED:
1. PLACE OF DEATH: St. Marys	(For newborn infants give residence of mother)
City or town St. Mary's City	State Mis County St. Manyo.
(If outside city or fewn limits, write RURAL and give nearest town)	City or lown St. Mary's City
How long in above place of death?	(If outside city or to you limits, write BURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Sireet No.
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Elinabeth me Cafe &	ley
4. Sex 5. Color r race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
finale white single	20. DATE OF DEATH Cluber 28 1946, 21 3 2 P.
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Sourth second on let 28 10 Hg
7. Birth date of	ears and that leat see the time to the tim
deceased (mo., day, yr.) June 12. 1944	And I do lived had
8. AGE: Years Months Days If less than one day	Immediate cause of death
2 4hrs.	min.
9. Birthplace Minn (Town, county, and state)	Due to
10. Usual occupation	Due to
11. Industry or business	
12 Name Sichard Key Tr.	Diher conditions
12. Name Sichard Very J.	
	(Include pregnancy within 3 months of death)
14. Maiden name Bligabeth mc Cabe 15. Birthplace Delbeth minn:	Major findings of operations.
2 15. Birthplace Villette Minn.	Date of op.
R. B. John D.	
16, Informan	PHYSICIAN: Please underline the cause to which death shoold he charged statistically.
Address U. S. M. C. Salespent 1	in
1 (semation) Date thereof 16-29-4	22. VIOLENCE: If death was due to external causes fill to the following:
(Burial, cremation, or reployal Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory . Will Lee	Where did injury occur? A Many City A Many Many
06/11: F DC	(City or Kwn) (County) (State)
Location & alekung on	Injured at home, farm, Industry, public place (where?)
18. Funeral director J. B. Globinson	Means of injury Injured at work?
of of sol	1.62 OO L.D
Address Seanardoun Ma.	23. SIGNATURE To I FREMING MAL
10 10 - 29 10 46 Come 1:	M. D. or other
19. 10 - 2 9 19. 46 Consultation (Date rec'd by registrar) Regist	trar Address Love Color Color May Date signed Della 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9-45-15

VS A15



9-45-15

VS A15

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No...

1. PLACE OF DEATH: Janes County City or town	2. USUAL RESIDENCE (HOME) OF For nawborn infants give residence of m State	other) W On =
City or town	City or town 2/2 left	
How long in above place of death?	(If outside city or town limits,	write RURAL and give neares town)
St. Mary Hashila		
How long in hospital or Institution?	(1f rural, give L 2.(a) if veteran, name war	
3. (a) FULL NAME	Z.(a) II reterati, trattie war	
alfred S. Tell	y	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CEI	16 6
male colored wedomed	20. DATE OF DEATH Clabes	16 194/6, 21/143 AN
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dale above	1 10 11 11
	Cer 9	6 10 Cet 10 1946
7. Birth date of deceased (ma., day, yr.)	and that i last saw halive on	1845
8. AGE: Years Months Days It less than one day	Immediate cause of death	DURATION
82, 20 26 hrs.	1 Charles Conde	7 6
m- I	- would compare	exercis.
9. Birthplace (Town, county, and state)	Due fo	
10. Usual occupation setimed farmer		
11. Industry or business	Due to	
	Olinous &	Miniba
12. Name — felly 13. Birthplace Manyland	Diher conditions	
	(Include pregnancy within 3 mo	nths of death)
H 14. Maiden name H durante 15. Birthplace Many land.	Major findings of operations	
\$ 15. Birlhplace XII and land.		Date of op
16. Informant Dee All / Zelly.	Autopsy results	
Address (Walley . C	PHYSICIAN: Please underline the cause to which	h death should he charged statistically.
n control of	22. VIOLENCE: If death was due to external causes	s, fill in the following;
(Buriul, cremation, or remoth, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	Date of
Cemetery or crematory of johns	Where did injury occur?(City or town)	(County) (State)
Location Hellywood Md.	Injured at home, farm, industry, public place (wher	
A. No. R. W.	Means of Injury	injured at work?
18. Funeral director	b	
Addres (woodlown Md.	and meet A.	Cauchen
10-17 mil Care - 01.1	23. SIGNATURÉ	M. D. or other
19. (Date rec'd by registrar) Registrar	Address Howall 97	Dafe signed Off The



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-6

CERTIFICATE OF DEATH

10287

Reg. Dist. No. 25/

1. PLACE OF DEATH: Marys	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State and County II.
(If outside city or town Whits, write HURAL and give nearest town)	City or town
How long in above place of dealh?	(If outside city of town/limits, write KOKAL and give nearest town)
nospital, institution, or ericci manicos more acum cocarios.	Street No(If rura), give LOCATION)
	2.(a) If veteran, name war.
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, ridowed, or divorced	MEDICAL CERTIFICATION
a. N. married	20. DATE OF DEATH. OC'S - 8th 19 46 at 11.10 A. M
6.(b) Name of husband or wife Home Connect Knott	2t. I CERTIFY that death occurred on the date above stated; that traitended deceased from
6.(0) Name of nuscand of wife	10 1846 10 JET 3 1946
7. Birth date of	and that last saw h. 2 - alive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days if less than one day	
56 //hrsmin.	Certal himos-hour 3/100
9. Birthplace Holy (Town, county, and state)	Due to.
9. Birthplace(Town, county, and atate)	Ginenel on to saleuris igar.
10. Usual occupation	Due to.
1t, industry or business	BUE 10
-0	Other conditions.
	(Include pregnancy within 8 months of death)
E 14. Malden name Laura Redman	Major fiediegs of operations.
14. Malden name Laura Redman 15. Birthplace md	Date of op.
16. Informant Mm Conest Knott	Autopsy results
21.00 4	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial, cremation, or removal. Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
14 ()	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location Hallyway me	Injured at home, farm, Industry, public place (where?)
18. Funeral director 24. C. Mattingley Long	Meens of Injury Injured at work?
Address demastown, my	23. SIGNATURE PY Bean how
19. Det ged by registrar) (Date red by registrar) (Date red by registrar)	Address and the land bate signed the 146.



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)-04

CERTIFICATE OF DEATH

111200

Reg. Dist. No. 282

1. PLACE OF DEATH: 10 m	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	(For newborn infants five residence of mother)	i
City or town (if outside city or town limits, write RUKAL and give nearest town)	State County County	
How long in above place of death?	City or town	est town)
Hospital notification of street address where wath occurred:		
St. Mary Hospital	Street No	
How long in hospital or institution?	2.(a) If veteran, name war	***************************************
3. (a) FULL NAME	3. (b) Social Security N	umber
Eugene Cuntis C	ech	
4. Sex 5. Color or page 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	0
male white massied.	20. DATE DE DEATH OCT. 9 19 46	8:20
Hattering 14 Reele 1		21
6.(b) Name of hatter or wife and a second of the second of	21. I CERTIFY that death occurred on the date above stated; that I attended decease	ed trom
7. Birth date of	Cal a	1946
deceased (mo., day, yro Jehuany 5 1895	and that flast saw h. Associative on	
8. AGE: Years Months Days If less than one day	Immediate cause of death.	DURATION
5/ 8 4hrsmin.	A	
9. Birthplace. Town, county, and state)	Due to Hypertension	10 400
10. Usual occupation Att Los Medicaste	Due to Chronic Trephtis.	***************************************
11. Industry or business		
12. Name August Conn.	Diher conditions Compagana Kasht Chast	2 weeks
H 14. Maiden name Villen L. Custiss	(Include pregnancy within 3 months of death)	
	Majer findings of operations.	
15. Birthplace Penn.		
18. Informant 1990. Hathume P. N. Pelk	Autopsy results.	
Address St. Clements Shaver mid.	PHYSICIAN: Please underline the cause to which death should be charged at	atistically.
Cumitian 10-12-1446	22. VIOLENCE: It death was due to external causes, fill in the following:	
(Burial cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory . The Alla + Dens	Where did injury occur?	(State)
Location Frachington D. C.	injured at home, farm, industry, public place (where?)	
18. Funeral director P. B. Kolumison	Means of Injury Injured at work?	
Addres Kanardown Manyloud	Mor HtahatanD	
161. 166 0.0	23. SIGNATURE M. D. or	othor
19. Date the'd by registrar) (Date the'd by registrar)	Address Peavson ord. Date signed	10-Q-VI



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 85-0

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)
County	manufact of Mine!
City or town. (If outside city or town limits, write RURAL and give nearest town)	1 de maria de 100 millo
How long in above place of death?	(if outside city or town innits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
It march 1/12 to 1	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Herbert Thompson Shannon	
4. SEx 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White married	20. DATE DE DEATH. 18 46, et 9.
8.(5) Name of husband or wife Ethel Typ Ster	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6-4	May 13 1944 10 October 2/1846
7. Birth date of deceased (mo., day, yr.) Monch 18-183	and that I last saw h. Ann. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
637/4nin.	Cellepol /fellion hage Lion
B. Birthplace. Washington, and state)	Due to Malignant Hybritension 2 42 m
Band state	
10. Usual occupation.	Due to Moundly of Arteroslusies
11. Industry or business	
E 12. Name James Shannon	Dther conditions
Z 13. Birthplade Ballimore M.	(Include pregnancy within 3 months of death)
14. Maiden name. Mary Laura profilm. 15. Birthplace Ballinial M. O.	Major findings of operations
15. Birthplace Ballimore mo	Date of op.
18. Informant Mer Pohel F. Sharmon	Autopsy results.
Address Hermanville Ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 -0 201 1011	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory A & CILK Cemillery	Where did injury occur?(City or town) (Connty) (State)
Location Washingflow Del	Injured at home, farm, Industry, public place (where?)
18. Funeral director, W. P. Artantingley Sons	Means of Injury Injured at work?
Address Llvu andtown md	The Hatreh M.D.
18 18/31 46 Precia Ceco	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed 100

MANYLAND STATE DEPARTMENT OF MEACH!

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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(46-PL)
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CERTIFICATE OF DEATH

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1	1	13	4	27	1	1

Reg. Dist. No. 9.

1. PLACE OF DEATH: m asch	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Drawline Mil	State maryland country It mary
City or town. (If outside city of town limits, write RURAL and give nearest town) How long in above place of death?	City or town (Ir outside city of town limits, write RURAL and give nearest town)
How long in above place of dealn. Hospital, institution, or street address where death occurred:	Street No.
	(lf rural, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME Familo M. Shorten	3. (b) Social Security Number
4. Sex 5. Color or race S.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fr W married	20. DATE DE DEATH O A 2 2 19 46 21 6 00 PM
6.(b) Name of husband or wite. About	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw balive_on
deceased (mo., day, yr.) July 77 - 1892	Immediate cause of death DURATION
8. AGE: Years Months Days It iess than ooe day 9.5	Carelon 5 man of automaton 2 years
9. Birthplace Wallay Lee et Mary Murifler	Due to
1D. Usual occupation. (Town, county, and state)	Due to.
11. Industry or business	DUG 19
E 12. Name William X amment	Dther conditions
\$ 13. Birthplace Mary Co	(Include pregnancy within 3 months of death)
14. Maiden name Alkarine Financia	Major findings of operations
15. Birthplace It marys Ca	Date of op.
16. Informant Classet Substant	Autupsy results
Address Arayalen M4	22. VIOLENCE: If death was due to external causes, till in the following;
17. (Munal, cremation, or removal, Which?) Bate thereot. (month) (day (year)	Accident, suicide, or homicide
Cemetery or crematory Popular Kill Canalogy	Where did injury occur?
Location Valley Lee my of	Injured at home, farm, industry, public place (where?)
III a mait illie sono	Maene at Injury Injured at work?
18. Funeral director	014 15
Address Venn Ma Suburn V Mg	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Grant mill tred Date signed it 1/46



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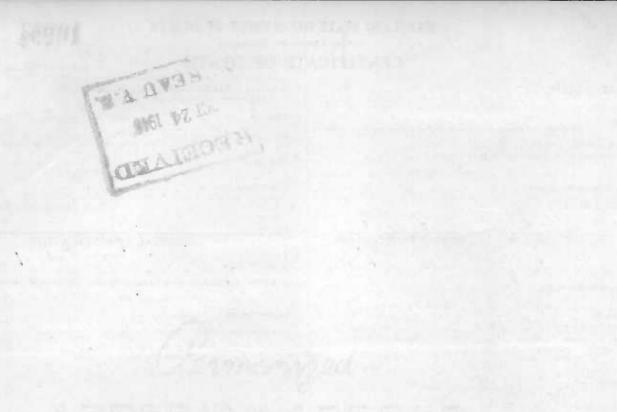
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10291 Reg. Diat. No. 28 2

1. PLACE OF DEATH: Sy Marys	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants of veresidence of mother) State
City or town ALSA (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospitai, Institution, or street address where death occurred:	Sireet No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) EULI NAME Mathias Thompson	3. (b) Social Security Number 2/3-32-0088
14. Sex 5. Color or race 6.(a) Single, married, widowood, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH
6.(b) Name of husband or wite Mass M. Shompson 6.(c) If alive, give age 38 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) May 11, 1903 8. AGE: Years Months Days If loss than one day	Immediate cause of death Contact of January Duration
43 5 9nrsmin.	and other injusies
9. Birthplace (199wn, county, and state) 10. Usual occupation (199wn, county, and state)	Due to
11. Industry or business Mdy States Good Comm	_ Due to
12. Name. John Manyland 13. Birthpiace Manyland	Other conditions
14. Malden name and the start of the start o	Major findings of operations
Mari mo Thomas	
Address Bushwood Md.	Autopay results PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
17. Busial Date thereot 10-23-46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till to the following: Accident, sulcide, or homicide
Cemetery or crematory Sacred West	Where did injury occur? (try organia) (County) (State)
18. Funeral director B Reference	Means of injury Allies by automobile at work? No
Address Leonardlaun, Ind.	23, SIGNATURE GARACUS & GREENHALLS AND OF OTHER
19. /0 -2 2 19 4 6 Constant Registrar Registrar	Address Acons Allocary M. Date signed Of To 46



ABTELLANDER

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (08)

CERTIFICATE OF DEATH

* 10292

Reg. Dist. No. 28

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county At Marys	
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town (1f outside city or town limits, write BURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 2 mile hast of back Half
How have to have the trade to the three to	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Hany Shelton Lowney	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Alach Single	20. DATE OF DEATH Q + 19 46 81 9. 30 Å
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Qet 20 1946 12 Qct 20 1946
7. Birth date of	and that t last saw ham alive on QCF 20 19 K6
deceased (mo., day, yr.) 4 C 8. AGE: Years Months Days If less than one day	Immediate cause of death
P 1 (to the presence I day
9. Birthplace Park Hall my (Town, county, and state)	Due to
10. Usual occupation None	
11, industry or business	Due to
12. Name Ingolor Fine !	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Princie Tonney 15. Birthplace California Md	Major findings of operations.
\$ 15. Birthplace Racifornia, hig	Date of op.
16. Informant of Syronor Tenierele	Autopsy results
Address Park Hell Ind	PHYSICIAN: Please underline the cause to which death should he charged statistically.
17 Buil Date thereof Oct 21/46	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal. Which?) Date thereof (mooth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Sank Hall had	Injured at home, farm, Industry, public place (where?)
18. Funeral director This day Fersional	Means of Injury Injured at work?
Address Park Hall West	24K 2-0
O. + 90 111 Alas 20	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Great hould, had not signed I so / wh

MATERIAL STATE OF ANTALES OF ANTALES OF THE CASE OF TH



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1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

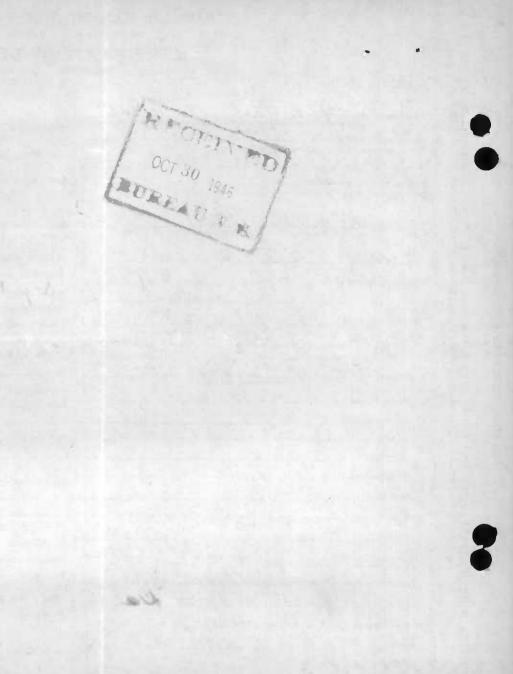
2411 N. Charles St., Baltimore (3) (2)

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

10293 Reg. Dist. No. 282

County Many	(For newborn infanta give residence of mother)
	State South alexaticounty Hackon
Af outside city or town limits, write RURAL and give nearest town)	01.1.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death	(11 outside dry of town limits, write from the give meanest some)
	Street No.
\$3 James are	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
(1.11.) 11/1/10.	
Large output	
4. Sex (5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
70. 0. 11.7. 14.1	10 1 04 11 61150
male while wedowed	20. DATE OF DEATH 19 4 21 8 45 PM
Baile Kach	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
6.(b) Name of husband or wife Charles Rellant	
S.(c) If alive, give ageyears	1944 to 1940
7. Sirth date of	and that I last saw helps alive on
deceased (mo., day, yr.) (1111, 01 / 868	
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
0. AGE.	the state of the s
Ahrsmin.	Chrome Villatiler 182 Tysen 440 m
man Tina Ollinia Posto	
8. 8irthplace Mull Man (Town, county, and state)	Due to
7.0	
10. Usual occupation Star Maler	Due to.
	Pue 10
11. Industry or business	
12. Name While the last of the	Other conditions is the state of the state o
13. 8irthplace	(Include pregnancy within 3 months of death)
# 14. Maiden name hard sur	(Include pregnancy within a months of county
	Major findings of operations
15. 8irthplace	Date of op.
18. Informant Paula Bothert Weber	Autopsy results.
w 12 7 . I a for the Broke M	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address James Jennyton and Mi	22. VIOLENCE: It death was due to external causes, till in the following:
17 Burnas Date thereof NN 1 1746	
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Philip Constitute	Where did Injury occur?
Cemetery or crematory &	
Location Hankous Co South Blakste	Injured at home, tarm, Industry, public place (where?)
A A A A A A A A A A A A A A A A A A A	Means of Injury Injured at work?
18. Funeral director of Adults tilly South	meete or many
De la sociale de	0/11/
Address Lenandown Mangana	23. SIGNATURE TYPE MAN
11/2 16 (D)= h	23. SIGNATURE M. D. or other
196 / Caluater	1017 x/10 h. 1 10/2 x/111
(Date rec'd by registrar) Registrar	Address Date signed Milliam Date signed



PARENTS: W.VA.	BIRTH REGISTRATION	NOTIFICATION VERIFYING BELOW STATE DEPARTMENT OF HEALTH	, plus	statement	of
13 and 15, film	ed 4-10-47 Glo9 LL	2411 N. Charles St., Baltimore 700			
			The second	11 (1) (1) (1)	4

CERT	 4 PPR		-	-
	A E E	A V L	1 3 12 1	
V.F.F	. 44 .		BJF. 6	

Reg. Dist. No.

1. PLACE OF D	t. Marys		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town On Rt. 235, 1 mile from NAS, Patuxent		ile from NAS Paturent	Mary New York County		
How long in above place of death?		Ma	City or town New York City (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:			Street No. 218 E. 11th Street (If rural, give LOCATION)		
How long in hospital	or Institution?		2.(a) If veteran, name war.	****	
3. (a) FULL NAM	ME		3. (b) Social Security Number		
WII	EY, Claude	Jr.			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Married	20. DATE OF DEATH. 4 October 19 46 at 3:50	A m	
8 (b) Name of bushas	d or wife Sara	Wiley (Bookin)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(0) Name of husban	or wife	8 (a) If allow when are	Not attended 19 to 19		
7. Birth date of	(yr.) 1-30-		and that I last saw him and on 4 October 18.	16	
deceased (mo., day 8. AGE: Yea	rs Months	Days If less than one day	Immediate cause of death Injuries, multiple; DURATIO	116	
24	8	14min.			
10. Usual occupation	Pharmacia		Due to. Fracture, skull, occiput		
13. Birthplace	Jnknown Jnknown	CLAUDE WILEY SR.	Other conditions	**********	
H 14 Maiden na	Inkhowh	EVA DEMARIS REED			
14. Maiden nam	Inkh/own	West Virginia	Major findings of operations		
16. tnformant	S.Navy	rer Md.	Antopsy resultsInjuriesmultinle, extreme PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17Remoy (Burial, crematic Cemetery or crema Location Sand 18. Funerat director. Address Lec	al on, or removal. Which?)	Date thereof 10/5/46 (month) (day) (year) Ost Virginia ason Md.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		



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